

## BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-375)

SEARCHED

10-560342

FILED DATE

APPLICANT

## CLAIMS

## AS FILED

AFTER  
PAIDMENTAFTER  
1<sup>ST</sup> AMENDMENT

## IND. DEP.

## IND. DEP.

## IND. DEP.

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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

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